

MAR 30 2005

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |            | <b>Docket Number (Optional)</b><br>500882001400 |           |  |            |                         |  |  |       |      |    |  |       |       |           |   |        |       |    |  |        |       |    |  |        |        |    |
|--|------------|---|-----------|--|------------|-------------------------|--|--|-------|------|----|--|-------|-------|-----------|---|--------|-------|----|--|--------|-------|----|--|--------|--------|----|
| <b>Application Number</b> 09/857,431   |            | <b>Filed</b> September 7, 2000                  |           |  |            |                         |  |  |       |      |    |  |       |       |           |   |        |       |    |  |        |       |    |  |        |        |    |
| <b>For</b> LONG LASTING ANTI-ANGIOGENIC PEPTIDES   |            |   |           |  |            |                         |  |  |       |      |    |  |       |       |           |   |        |       |    |  |        |       |    |  |        |        |    |
| <b>Art Unit</b> 1654   |            | <b>Examiner</b> B. Dell Chism                   |           |  |            |                         |  |  |       |      |    |  |       |       |           |   |        |       |    |  |        |       |    |  |        |        |    |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table border="1"> <thead> <tr> <th></th> <th><u>Fee</u></th> <th><u>Small Entity Fee</u></th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$120</td> <td>\$60</td> <td>\$</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$450</td> <td>\$225</td> <td>\$ 225.00</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1020</td> <td>\$510</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1590</td> <td>\$795</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2160</td> <td>\$1080</td> <td>\$</td> </tr> </tbody> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u>. I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input type="checkbox"/> attorney or agent of record. Registration Number _____</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>38,651</u></p> <p><u>Michael R. Ward</u> Signature <u>March 30 2005</u> Date</p> <p><u>Michael R. Ward</u> Typed or printed name <u>(415) 268-6237</u> Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of <u>1</u> forms are submitted.</p> |            |   |           |  | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ 225.00 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
|  | <u>Fee</u> | <u>Small Entity Fee</u>                         |           |  |            |                         |  |  |       |      |    |  |       |       |           |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120      | \$60  | \$        |  |            |                         |  |  |       |      |    |  |       |       |           |   |        |       |    |  |        |       |    |  |        |        |    |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450      | \$225   | \$ 225.00 |  |            |                         |  |  |       |      |    |  |       |       |           |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1020     | \$510   | \$        |  |            |                         |  |  |       |      |    |  |       |       |           |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1590     | \$795   | \$        |  |            |                         |  |  |       |      |    |  |       |       |           |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2160     | \$1080  | \$        |  |            |                         |  |  |       |      |    |  |       |       |           |   |        |       |    |  |        |       |    |  |        |        |    |

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-8908, on the date shown below.

Dated: March 30 2005

Signature: [Signature] (Leah Kjellan)

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